

Date Received _____

Check # _____

FEE: \$100.00

Permit # _____

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE BOARD OF HEALTH
Septic System Installer Application
2015

Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Name of Business: _____ Date: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone #: _____ Fax #: _____

Business Email Address (if applicable): _____

Names of crew members working under this permit:

Other Affiliations:

I have read sections 15.019 and 15.020 (3) of the Massachusetts Environmental Code and understand my responsibilities pertaining to septic system installation.

Applicant's Signature: _____

Applicant's Name (print): _____

Check or Money Order Only

Make Payable to: The City of Chicopee

Application Fee is NON-REFUNDABLE